

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>18317</b>	2. Fiscal Year Covered From: <b>1</b> / <b>1</b> / <b>2004</b> Through: <b>12</b> / <b>31</b> / <b>2004</b>
3. Name and address of person filing. Name <b>Terrence</b> <b>J</b> <b>Hancock</b> P.O. Box, Bldg., Room No., if any <b>#300</b> Street <b>1000 Burr Ridge Parkway</b> City <b>Burr Ridge</b> State <b>Illinois</b> ZIP Code + 4 <b>60527</b>	4. Name, file number, and address of labor organization. Name <b>Teamsters Local 731</b> Labor Organization File Number <b>011-948</b> P.O. Box, Building and Room Number, if any <b>#300</b> Street <b>1000 Burr Ridge Parkway</b> City <b>Burr Ridge</b> State <b>Illinois</b> ZIP Code + 4 <b>60527</b>
5. Position in labor organization. <b>Secretary-Treasurer</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*T. J. Hancock*

On

**08/15/2005**

Date

**(630) 887-4100**

Telephone Number

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Baum, Sigman, Auerbach, Neuman, LTD."/></p> <p>Trade Name, if any: <input type="text" value="Attorneys &amp; Counsellors"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="#2250"/></p> <p>Street <input type="text" value="200 W. Adams St."/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60606"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="Refer to notes"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Attorneys &amp; Counsellors / Legal advice. Provide legal counsel on behalf of four Trust Funds and provide legal advise to the Local Union."/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$170,998"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Holiday gift / one box of Omaha Steaks 11/30/04"/></p> <p>12.b. Amount. <input type="text" value="\$50"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>



## *Teamsters Local Union No. 731*

1000 BURR RIDGE PARKWAY • BURR RIDGE, ILLINOIS 60527

TERRENCE J. HANCOCK, *President*  
WILLIAM WOLDMAN, *Secretary-Treasurer*

TEL. 630-887-4100  
FAX 630-887-4114

August 15, 2005

U.S. Department of Labor  
Employment Standards Administration  
Office of Labor Management Standards  
200 Constitution Ave. N.W. Room N-5616  
Washington, DC 20210

Enclosed is all pertinent information regarding the filing of LM-30 on behalf of Terrence J. Hancock, Secretary-Treasurer of Teamsters Local Union No. 731 during the 2004 calendar year.

***Section 8 - Baum, Sigman, Auerbach, Neuman, Ltd.***

***Section 10:***

Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Excavators and Pavers Pension Trust Fund.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Teamsters Local Union No. 731  
1000 Burr Ridge Parkway #300  
Burr Ridge, IL 60527

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="BlueCross BlueShield of Illinois"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="300 E. Randolph St."/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60601"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="refer to notes"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Provides Health and Welfare network for all member participants."/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$1,700,000"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="2004 St. Patrick's Day Luncheon 03/12/04 \$25.27"/> <input type="text" value="2004 Labor Holiday Party 12/03/04 \$38.51"/></div> <p>12.b. Amount. <input type="text" value="\$64"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>



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TERRENCE J. HANCOCK, *President*  
WILLIAM WOLDMAN, *Secretary-Treasurer*

TEL. 630-887-4100  
FAX 630-887-4114

### ***Section 8 - BlueCross BlueShield of Illinois***

#### ***Section 10:***

Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Garage Attendants, Linen and Laundry Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Chalklines Printing, Ltd."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="4th Floor"/></p> <p>Street <input type="text" value="626 S. Clark St."/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60605"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="refer to notes"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Provides printing services on behalf of Funds and Local Union."/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$76,828"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="Holiday Gift / Gift Basket &amp; Lettuce Entertain You Gift Card."/></p> <p>12.b. Amount. <input type="text" value="\$175"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>



## *Teamsters Local Union No. 731*

1000 BURR RIDGE PARKWAY • BURR RIDGE, ILLINOIS 60527

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TEL. 630-887-4100  
FAX 630-887-4114

### *Section 8 – Chalklines Printing, Ltd.*

#### *Section 10:*

Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Excavators and Pavers Pension Trust Fund.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers and Garage Attendants Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Garage Attendants, Linen and Laundry Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Textile Maintenance and Laundry Craft Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Employees Trust Fund of Local 731 I.B. of T.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Teamsters Local Union No. 731  
1000 Burr Ridge Parkway #300  
Burr Ridge, IL 60527

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Dowd, Bloch &amp; Bennett</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 8 S. Michigan Ave.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Attorneys &amp; Counsellors / provide legal counsel on behalf of seven trust funds and provide legal advice to the Local Union.</p> <p>11.b. Approximate dollar value of such dealing. \$346,475</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday gift / canister of popcorn.</p> <p>12.b. Amount. \$28</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>





# *Teamsters Local Union No. 731*

1000 BURR RIDGE PARKWAY • BURR RIDGE, ILLINOIS 60527

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WILLIAM WOLDMAN, *Secretary-Treasurer*

TEL. 630-887-4100  
FAX 630-887-4114

## ***Section 8 – Dowd, Bloch & Bennett***

### ***Section 10:***

Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Excavators and Pavers Pension Trust Fund.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers and Garage Attendants Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Garage Attendants, Linen and Laundry Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Textile Maintenance and Laundry Craft Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Employees Trust Fund of Local 731 I.B. of T.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Teamsters Local Union No. 731  
1000 Burr Ridge Parkway #300  
Burr Ridge, IL 60527

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Investment Performance Services</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any #100</p> <p>Street 7402 Hodgson Memorial Dr.</p> <p>City Savannah</p> <p>State Georgia ZIP Code + 4 31406</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name refer to notes</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Investment Consultant on behalf of seven Trust Funds.</p> <p>11.b. Approximate dollar value of such dealing. \$116,305</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday Gift / one box of steaks and one smoked turkey.</p> <p>Dinner meeting expense 08/12/04 prior to Trustees meeting. Reviewed agenda and discussed all pertinent topics.</p> <p>12.b. Amount. \$260</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>



# *Teamsters Local Union No. 731*

1000 BURR RIDGE PARKWAY • BURR RIDGE, ILLINOIS 60527

TERRENCE J. HANCOCK, *President*  
WILLIAM WOLDMAN, *Secretary-Treasurer*

TEL. 630-887-4100  
FAX 630-887-4114

## ***Section 8 – Investment Performance Services***

### ***Section 10:***

Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Excavators and Pavers Pension Trust Fund.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers and Garage Attendants Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Garage Attendants, Linen and Laundry Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Textile Maintenance and Laundry Craft Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Employees Trust Fund of Local 731 I.B. of T.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px;"></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; height: 100px;"></div> <p>12.b. Amount. <input type="text"/></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name James Ridge &amp; Assoc.</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any #200</p> <p>Street 101 N. Wacker Dr.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60606</p>	<p>14.a. Nature of payment.</p> <p>Holiday Gift Certificate.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/> \$75</p>

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="Lamb, Little &amp; Co."/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="309 W. Washington St."/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60606"/></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <div><input type="text" value="Insurance Broker"/></div> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$9,563"/></p> <p>12.a. Nature of interest held or income received.</p> <div><input type="text" value="Holiday gift / canister of Hershey's chocolates."/></div> <p>12.b. Amount. <input type="text" value="\$50"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div><input type="text"/></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Leahy &amp; Assoc.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any #540</p> <p>Street 3 Westbrook Corporate Ctr.</p> <p>City Westchester</p> <p>State Illinois ZIP Code + 4 60154</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Insurance Broker</p> <p>11.b. Approximate dollar value of such dealing. \$323,844</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday Gift / one box of Omaha Steaks</p> <p>12.b. Amount. \$200</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	



## *Teamsters Local Union No. 731*

1000 BURR RIDGE PARKWAY • BURR RIDGE, ILLINOIS 60527

TERRENCE J. HANCOCK, *President*  
WILLIAM WOLDMAN, *Secretary-Treasurer*

TEL. 630-887-4100  
FAX 630-887-4114

### *Section 8 – Leahy & Assoc.*

#### *Section 10:*

Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Excavators and Pavers Pension Trust Fund.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers and Garage Attendants Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Garage Attendants, Linen and Laundry Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Textile Maintenance and Laundry Craft Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Employees Trust Fund of Local 731 I.B. of T.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Teamsters Local Union No. 731  
1000 Burr Ridge Parkway #300  
Burr Ridge, IL 60527

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Legacy Professionals, LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 30 N. La Salle St.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60602</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Accounting and audit services provided on behalf of the Trust Funds and on behalf of the Local Union.</p> <p>11.b. Approximate dollar value of such dealing. \$245,000</p> <p>12.a. Nature of interest held or income received.</p> <p>Holiday Gift / Tool Kit \$40. Holiday Gift Basket \$85.</p> <p>12.b. Amount. \$125</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Local 731 Excavators &amp; Pavers Pension Trust</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 1000 Burr Ridge Parkway</p> <p>City Burr Ridge</p> <p>State Illinois ZIP Code + 4 60527</p>	<p>14.a. Nature of payment.</p> <p>Reimbursed expenses for attendance at an educational seminar for Trustees as required pursuant to ERISA.</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$478</p>





# *Teamsters Local Union No. 731*

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TERRENCE J. HANCOCK, *President*  
WILLIAM WOLDMAN, *Secretary-Treasurer*

TEL. 630-887-4100  
FAX 630-887-4114

## ***Section 8 – Legacy Professionals, LLP***

### ***Section 10:***

Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Excavators and Pavers Pension Trust Fund.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers and Garage Attendants Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Garage Attendants, Linen and Laundry Health and Welfare Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Textile Maintenance and Laundry Craft Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Employees Trust Fund of Local 731 I.B. of T.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Teamsters Local Union No. 731  
1000 Burr Ridge Parkway #300  
Burr Ridge, IL 60527

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<b>8. Name and address of Business (including trade name, if any).</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>9. Business deals with:</b> <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b> Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	<b>11.a. Nature of such dealing.</b> <input type="text"/> <b>11.b. Approximate dollar value of such dealing.</b> <input type="text"/> <b>12.a. Nature of interest held or income received.</b> <input type="text"/> <b>12.b. Amount.</b> <input type="text"/>

<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b> Name <input type="text"/> Local 731 Excavators & Pavers Pension Trust Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 1000 Burr Ridge Parkway City <input type="text"/> Burr Ridge State <input type="text"/> Illinois ZIP Code + 4 <input type="text"/> 60527	<b>14.a. Nature of payment.</b> <input type="text"/> Reimbursed expenses for attendance at an educational seminar for Trustees as required pursuant to ERISA.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14.b. Amount of payment.</b> <input type="text"/> \$478

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="National Investment Services"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text" value="#1520"/></p> <p>Street <input type="text" value="737 N. Michigan Ave."/></p> <p>City <input type="text" value="Chicago"/></p> <p>State <input type="text" value="Illinois"/> ZIP Code + 4 <input type="text" value="60611"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="refer to notes"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.</p> <p><input type="text" value="Investment services on behalf of seven Trust Funds."/></p> <p>11.b. Approximate dollar value of such dealing. <input type="text" value="\$316,477"/></p> <p>12.a. Nature of interest held or income received.</p> <p><input type="text" value="refer to notes."/></p> <p>12.b. Amount. <input type="text" value="\$705"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>



# *Teamsters Local Union No. 731*

1000 BURR RIDGE PARKWAY • BURR RIDGE, ILLINOIS 60527

TERRENCE J. HANCOCK, *President*  
WILLIAM WOLDMAN, *Secretary-Treasurer*

TEL. 630-887-4100  
FAX 630-887-4114

## ***Section 8 – National Investment Services***

### ***Section 10:***

Health and Welfare Fund of the Excavating, Grading and Asphalt Craft, Local No. 731.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Excavators and Pavers Pension Trust Fund.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local No. 731, I.B. of T. Private Scavengers Health and Welfare Fund  
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1000 Burr Ridge Parkway #301  
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Burr Ridge, IL 60527

Local 731 I.B. of T. Textile Maintenance and Laundry Craft Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Employees Trust Fund of Local 731 I.B. of T.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

### ***Section 11.a. – Holiday gift – Christmas Ornament \$100***

01/24/04 Dinner meeting expense \$200

02/05/04 Dinner meeting expense following the First Look for Charity Auto Show \$120

03/22/04 Admission to House of Blues Chicago, Illinois \$100

05/04/04 Dinner meeting expense \$85

08/23/04 Admission to Chicago Cubs game \$100

TOTAL \$705

Name of Person Filing Terrence Hancock	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Segall, Bryant &amp; Hamil</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any #3500</p> <p>Street 10 S. Wacker Dr.</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60605</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name refer to notes</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides investment services on behalf of two Trust Funds.</p> <p>11.b. Approximate dollar value of such dealing. \$42,919</p> <p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting expense on 04/27/04 to review and discuss all pertinent information as related to the Funds.</p> <p>12.b. Amount. \$46</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>



## *Teamsters Local Union No. 731*

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WILLIAM WOLDMAN, *Secretary-Treasurer*

TEL. 630-887-4100  
FAX 630-887-4114

### *Section 8 – Segall, Bryant & Hamil*

#### *Section 10:*

Local 731 I.B. of T. Excavators and Pavers Pension Trust Fund.  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527

Local 731 I.B. of T. Textile Maintenance and Laundry Craft Pension Fund  
1000 Burr Ridge Parkway #301  
Burr Ridge, IL 60527